

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Petition for)
Reconsideration of:)

ROLAND EDWARD ENGEL, M.D.)
Physician's and Surgeon's)
Certificate No. G89069)

Petitioner)

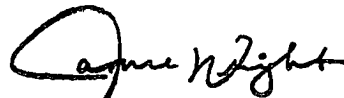
Case No. 8002016025439
OAH No. 2017010496

ORDER DENYING PETITION FOR RECONSIDERATION

The Petition filed by ROLAND EDWARD ENGEL, M.D., for reconsideration of the decision in the above-entitled matter having been read and considered by the Medical Board of California, is hereby denied.

This Decision remains effective at 5:00 p.m. on **September 8, 2017.**

IT IS SO ORDERED: September 8, 2017.



Jamie Wright, J.D., Chair
Panel A

**BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the Accusation Against:)

ROLAND EDWARD ENGEL, M.D.)

Physician's and Surgeon's)
Certificate No. G89069)

Respondent)

MBC No. 8002016025439

ORDER GRANTING STAY

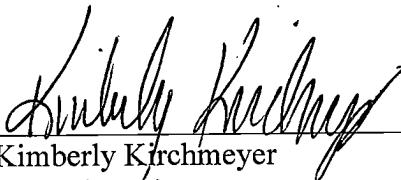
(Government Code Section 11521)

Respondent, ROLAND EDWARD ENGEL, M.D., has filed a Petition for Reconsideration of the Decision in this matter with an effective date of September 1, 2017 at 5:00 p.m.

Execution is stayed until September 8, 2017 at 5:00 p.m.

This stay is granted solely for the purpose of allowing the Board to consider the Petition for Reconsideration.

DATED: August 31, 2017



Kimberly Kirchmeyer
Executive Director
Medical Board of California

Jamie Wright, J.D., Chair
Panel A

BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

ROLAND EDWARD ENGEL, M.D.,

Physician's and Surgeon's Certificate
No. G89069

Respondent.

Case No. 800-2016-025439

OAH No. 2017010496

PROPOSED DECISION

Administrative Law Judge Jill Schlichtmann, State of California, Office of Administrative Hearings, heard this matter on May 4, 2017, in Oakland, California.

Deputy Attorney GeneralCarolynne Evans represented complainant Kimberly Kirchmeyer, Executive Director, Medical Board of California, Department of Consumer Affairs.

Albert J. Garcia, Attorney at Law, represented respondent Roland Edward Engel, M.D., who was present throughout the administrative hearing.

The record was left open for submission of a complete copy of respondent's curriculum vitae. The document was timely received, added to Exhibit A and received in evidence. The matter was submitted for decision on May 5, 2017.

FACTUAL FINDINGS

1. On November 30, 2011, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate No. G89069 to Roland Edward Engel, M.D. (respondent).
2. On December 1, 2016, complainant Kimberly Kirchmeyer, acting in her official capacity as Executive Director of the Board, issued an accusation against respondent. The accusation alleges that respondent's California license is subject to discipline because

the United States Department of the Air Force Air Education and Training Command (Air Force) permanently revoked respondent's radiation oncology clinical practice and privileges.

Action by the Air Force

MARCH 2015 ADVERSE ACTION AND FINDINGS

3. On January 8, 2015, the Air Force notified respondent of a clinical adverse action hearing that could affect his clinical privileges. The panel conducted the hearing on March 3 through 5, 2015, and considered whether respondent lacked acceptable clinical judgment, exhibited incompetence, demonstrated poor recordkeeping and documentation and failed to identify clinically significant volumes in a timely manner.

4. The three-member hearing panel issued its report on April 29, 2015. The panel sustained three of the four allegations. The first allegation, that respondent exhibited a lack of acceptable judgment, was substantiated. The panel found that respondent consistently demonstrated a lack of clinical judgment by offering curative toxic regimens to patients with metastatic disease; used poor judgment by utilizing a modality with which he was unfamiliar; asked for assistance from dosimetry instead of another radiation oncologist; frequently did not obtain or utilize proper imaging studies when determining his treatment plan; failed to follow established clinical guidelines by offering therapy prior to surgery being complete, by offering combined therapy when radiation alone was indicated or by omitting lymph node regions that should have been treated.

5. The panel also sustained the allegation of technical incompetence. The panel found that respondent consistently demonstrated a lack of technical competence. The most glaring issue was respondent's lack of ability to contour targets and normal structures, which is a fundamental skill essential to being a competent radiation oncologist.

6. The panel sustained the allegation of poor record keeping and documentation. The panel found that respondent demonstrated a lack of documentation; he staged patients incorrectly, described surgical procedures that patients did not have, failed to document a gynecological examination, and documented treating areas he did not treat.

7. The panel did not sustain the allegation that respondent failed to identify clinically significant volumes in a timely manner.

8. The panel found that the substantiated conduct demonstrated clinical incompetence that had the potential to threaten patient safety or the integrity of the Air Force Medical Services. The panel unanimously agreed to recommend revocation of respondent's clinical privileges based on its findings.

COMMANDER HARRELL'S DECISION

9. On August 4, 2015, after reviewing the evidence, Colonel Thomas Harrell, the Commander of the 81st Medical Group at Keesler Air Force Base in Mississippi, accepted the panel's recommendation and permanently revoked respondent's radiation oncology clinical practice. Respondent appealed the decision to the Air Force Surgeon General.

APPEAL TO AIR FORCE SURGEON GENERAL EDIGER

10. On January 6, 2016, Commander Harrell issued a memorandum to Mark A. Ediger, Surgeon General, U.S.A.F., M.C., C.F.S, recommending that respondent's appeal be denied. Commander Harrell reported that he had personally reviewed the evidence presented to the hearing panel by both parties. Commander Harrell reported further that two peer review panels had been assembled, one in June 2014 and the second in October 2014. Commander Harrell had also considered two external peer reviews and recommendations of two Credentials Functions. Commander Harrell reported that 10 independent radiation oncologists from three branches of the Department of Defense, four of whom were colonels or U.S. Navy captains, had reviewed respondent's practice in order to form the basis of the allegations and practice recommendations.

Commander Harrell noted the complexity of the care provided and that not all expert reviewers reached the same conclusions on individual cases. However, each of the peer review hearing panels reached unanimous conclusions despite the divergence of expert opinions. Commander Harrell acknowledged that respondent had subsequently passed the American Board of Radiology/Radiation Oncology certification examination and garnered significant continuing education study credit, but noted that the three bodies reviewing respondent's actions had been aware of respondent's continuing education and recertification. All three bodies determined that the gaps in respondent's practice ability were significant enough as to render eventual competence not likely and that a restricted practice would not be safe for patients. Based on all of the information he had reviewed, Commander Harrell recommended to the Surgeon General that the decision to revoke respondent's radiation oncology practice and privileges be upheld.

11. On July 5, 2016, Surgeon General Ediger concurred with the decision and directed that the action be reported to the National Practitioner's Data Bank.

Respondent's Evidence

12. Respondent graduated from Reed College with a bachelor's degree in chemistry in 1981. He attended the University of Minnesota Medical School from 1981 to 1985. In 1990, respondent completed a residency at the Loyola University/Hines V.A. Department of Radiotherapy in Chicago.

13. Respondent has been board certified by the American Board of Radiology since 1993. He voluntarily took and passed the recertification examination in October 2014 and has voluntarily participated in the Maintenance of Certification program since that time.

14. Respondent practiced in Minnesota from 1990 to 1999. From March 1999 to July 2001, respondent worked in flight medicine at Andrews Air Force Base and in radiation oncology at Lackland Air Force Base in Texas. He was assigned to the radiation oncology department at Bethesda National Naval Medical Center from March to July 2001.

15. From July 2001 to July 2012, respondent worked as the Radiation Oncology Chief and Consultant to Air Force Surgeon General David Grant at Travis Air Force Base in California. In July 2012, respondent was assigned as Chief of Radiation Oncology for the 81st Medical Group in Biloxi, Mississippi.

16. Since January 2014, respondent has taken many hours of continuing medical education, largely in courses applicable to the issues raised in the Air Force proceedings. In September 2014, respondent earned 37 hours of credit in continuing medical education offered by the American Society for Radiation Oncology (ASTRO). In October 2015, respondent earned 38 hours of credit at the annual ASTRO meeting. In September 2016, respondent earned 37.5 hours of credit at the annual ASTRO meeting.

17. Respondent's brother, Martin Engel, M.D., is a board certified diagnostic radiologist. He has served for many years in the U.S. Army Reserve. Dr. Engel testified and submitted a letter on respondent's behalf. He is fully aware of the revocation of respondent's privileges in the Air Force. Dr. Engel considers his brother to be a competent and caring physician who is highly motivated and maintains a strong work ethic.

18. David Eastham, M.D., M.P.H., wrote a letter for the Board's consideration dated May 1, 2017. Dr. Eastham is a radiation oncologist in Northern California, who has known respondent for 11 years. Dr. Eastham reports that he is aware that respondent has been disciplined by the Air Force and that his medical privileges were revoked. Dr. Eastham states that he has never known respondent to lack the essential qualities of a physician. Dr. Eastham notes that respondent's specialty is in a technical and rapidly changing field, radiation oncology. Dr. Eastham believes respondent is capable of serving as a physician in many capacities.

19. Respondent acknowledges the concerns raised by the Air Force proceedings. However, he has been licensed for 30 years and practiced at Travis Air Force Base in California for 11 years, where he served as Radiation Oncology Chief and Consultant to the Air Force Surgeon General. Respondent notes that the underlying cases took place in 2013 and 2014, and he has been recertified by the American Board of Radiology and has taken numerous courses since that time. Respondent recently became aware of, and registered for, the Physician Assessment and Clinical Education (PACE) program at U.C. San Diego.

20. Respondent is willing to abide by any terms of probation requested by the Board. Respondent plans to retire from the Air Force in a few years; at that time he hopes to return to California to practice medicine.

LEGAL CONCLUSIONS

Statutory Authority

1. Business and Professions Code section 141, subdivision (a), provides:

For any licensee holding a license issued by a board under the jurisdiction of a department, a disciplinary action by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.

Cause exists under Business and Professions Code section 141 to take disciplinary action against respondent's license, by reason of the matters set forth in Factual Findings 3 through 11.

2. Business and Professions Code section 2305 provides:

The revocation, suspension, or other discipline, restriction, or limitation imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California of a licensee under this chapter, shall constitute grounds for disciplinary action for unprofessional conduct against the licensee in this state.

Cause exists under Business and Professions Code section 2305 to take disciplinary action against respondent's license, by reason of the matters set forth in Factual Findings 3 through 11.

Disciplinary Considerations

3. The purpose of the Medical Practice Act¹ is to assure the high quality of medical practice; in other words to keep unqualified persons and those guilty of unprofessional conduct out of the medical profession. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 574.) The purpose of physician discipline is to protect the public and to aid in the rehabilitation of licensees. Business and Professions Code section 2229 provides in pertinent part:

- (b) In exercising his or her disciplinary authority an administrative law judge of the Medical Quality Hearing Panel, . . . shall, wherever possible, take action that is calculated to aid in the rehabilitation of the licensee. . . .
- (c) It is the intent of the Legislature that . . . the enforcement program shall seek out those licensees who have demonstrated deficiencies in competency and then take those actions as are indicated, with priority given to those measures, including further education, restrictions from practice, or other means, that will remove those deficiencies. Where rehabilitation and protection are inconsistent, protection shall be paramount.

It is of great concern that numerous medical professionals, peer review panels and high ranking officials in the Air Force concluded that respondent is not safe to practice. These findings are difficult to reconcile with respondent's lengthy history of providing medical care without the imposition of discipline.

Respondent has attended several conferences and has completed many hours of continuing education, in addition to passing the board recertification examination, subsequent to the patient care issues underlying the Air Force proceedings. Respondent did not establish, however, that his continuing education is sufficient to remediate his deficiencies. Respondent is willing to undergo a competency evaluation and to abide by any probationary terms calculated to remove those deficiencies.

In balancing the need for public protection against the legislative directive to take action to cure deficiencies when possible, it is determined that a five-year period of probation with a precondition that respondent be evaluated by the PACE program, with terms including a practice monitor, a prohibition on solo practice, courses on medical recordkeeping, prescribing practices and ethics, and an educational program, will serve the twin goals of public protection and rehabilitation of licensees.

¹ Business and Professions Code sections 2000 through 2521.

ORDER

Physician's and Surgeon's Certificate No. G89069, issued to respondent Roland Edward Engel, M.D., is revoked; however, revocation is stayed and respondent is placed on probation for a period of five years upon the following terms and conditions.

1. Clinical Competence Assessment Program

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six months after respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require respondent's on-site participation for a minimum of three and no more than five days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether respondent has demonstrated the ability to practice safely and independently. Based on respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

Respondent shall not practice medicine until respondent has successfully completed the program and has been so notified by the Board or its designee in writing.

2. Education Course

Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. Prescribing Practices Course

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one year of enrollment. The prescribing practices course shall be at respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. Medical Record Keeping Course

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with

any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six months after respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one year of enrollment. The medical record keeping course shall be at respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

5. Professionalism Program (Ethics Course)

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six months after respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one year after attending the classroom component. The professionalism program shall be at respondent's expense and shall be in addition to the CME requirements for renewal of licensure.

A professionalism program taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the program would have been approved by the Board or its designee had the program been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

6. Monitoring - Practice

Within 30 calendar days of the effective date of this Decision, respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in respondent's field of practice, and must agree to serve as respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of practice of medicine, and whether respondent is practicing medicine safely. It shall be the sole responsibility of respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, respondent shall, within five calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, respondent may participate in a professional enhancement program approved in advance by the Board or its designee, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at respondent's expense during the term of probation.

7. Solo Practice Prohibition

Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where:
1) respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) respondent is the sole physician practitioner at that location.

If respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the effective date of this Decision, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, respondent's practice setting changes and respondent is no longer practicing in a setting in compliance with this Decision, respondent shall notify the Board or its designee within five calendar days of the practice setting change. If respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting within 60 calendar days of the practice setting change, respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three calendar days after being so notified. Respondent shall not resume practice until an appropriate practice setting is established.

8. Notification

Within seven days of the effective date of this Decision, respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to respondent, at any other facility where respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

9. Supervision of Physician Assistants and Advanced Practice Nurses

During probation, respondent is prohibited from supervising physician assistants and advanced practice nurses.

10. Obey All Laws

Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

11. Quarterly Declarations

Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

12. General Probation Requirements

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post

office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

Respondent shall not engage in the practice of medicine in respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

In the event respondent should leave the State of California to reside or to practice respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

13. Interview with the Board or its Designee

Respondent shall be available in person upon request for interviews either at respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

14. Non-practice While on Probation

Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of respondent's return to practice. Non-practice is defined as any period of time respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If respondent resides in California and is considered to be in non-practice, respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event respondent's period of non-practice while on probation exceeds 18 calendar months, respondent shall successfully complete the Federation of State Medical Board's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 1 prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a respondent residing outside of California, will relieve respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

15. Completion of Probation

Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, respondent's certificate shall be fully restored.

16. Violation of Probation

Failure to fully comply with any term or condition of probation is a violation of probation. If respondent violates probation in any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

17. License Surrender

Following the effective date of this Decision, if respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, respondent may request to surrender his or her license. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the

circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

18. Probation Monitoring Costs

Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

DATED: May 25, 2017

DocuSigned by:
Jill Schlichtmann
D0097D940B484D9

JILL SCHLICHTMANN
Administrative Law Judge
Office of Administrative Hearings

1 KAMALA D. HARRIS
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 CAROLYNE EVANS
Deputy Attorney General
4 State Bar No. 289206
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-1211
6 Facsimile: (415) 703-5480
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *Dec. 1 20 16*
BY *[Signature]* ANALYST

7
8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2016-025439

13 **Roland Edward Engel, M.D.**
14 **301 Fisher Street**
81 MDTs/SGQX
Biloxi, MS 39534-2508

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. G89069,**

17 Respondent.

18
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about November 30, 2011, the Medical Board issued Physician's and Surgeon's
25 Certificate Number G89069 to Roland Edward Engel, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on February 28, 2017, unless renewed.
28

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

5. Section 2227 of the Code provides, in part, that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. Section 2305 of the Code states:

"The revocation, suspension, or other discipline, restriction or limitation imposed by another state upon a license or certificate to practice medicine issued by that state, or the revocation, suspension, or restriction of the authority to practice medicine by any agency of the federal government, that would have been grounds for discipline in California of a licensee under this chapter [Chapter 5, the Medical Practice Act] shall constitute grounds for disciplinary action for unprofessional conduct against the licensee in this state."

7. Section 141 of the Code states:

"(a) For any licensee holding a license issued by a board under the jurisdiction of the department, a disciplinary action taken by another state, by any agency of the federal government, or by another country for any act substantially related to the practice regulated by the California license, may be a ground for disciplinary action by the respective state licensing board. A certified copy of the record of the disciplinary action taken against the licensee by another state, an agency of the federal government, or another country shall be conclusive evidence of the events related therein.

"(b) Nothing in this section shall preclude a board from applying a specific statutory provision in the licensing act administered by that board that provides for discipline based upon a disciplinary action taken against the licensee by another state, an agency of the federal government, or another country."

1 **CAUSE FOR DISCIPLINE**

2 **(Discipline, Restriction, or Limitation Imposed by A Federal Agency)**

3 8. On or about August 4, 2015, the United States Department of the Air Force Air
4 Education and Training Command permanently revoked Respondent's radiation oncology clinical
5 practice and privileges. The revocation was based on findings that he lacked acceptable clinical
6 judgment, exhibited technical incompetence, and demonstrated poor record
7 keeping/documentation.

8 9. Respondent's conduct and the actions of the United States Department of the Air
9 Force Air Education and Training Command as set forth in paragraph 8, above, constitute
10 unprofessional conduct and cause for discipline pursuant to sections 2305 and/or 141 of the Code.

11
12 **PRAYER**

13 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
14 and that following the hearing, the Medical Board of California issue a decision:

15 1. Revoking or suspending Physician's and Surgeon's Certificate Number G89069,
16 issued to Roland Edward Engel, M.D.;

17 2. Revoking, suspending or denying approval of Roland Edward Engel, M.D.'s authority
18 to supervise physician assistants, pursuant to section 3527 of the Code;

19 3. Ordering Roland Edward Engel, M.D., if placed on probation, to pay the Board the
20 costs of probation monitoring; and

21 4. Taking such other and further action as deemed necessary and proper.

22
23 DATED: December 1, 2016


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant